DESI MYMILADLE CUPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
		CLAIMS AS	FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			43				ſ	RATE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.0		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			43minus 20=		. 23			X\$ 9=		OR	X\$18=	414	
INDEPENDENT CLAIMS			6 minus 3 =		3			X40=		OR	X80=	240	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=		
.1	the difference	in column is	less than zero, enter "0" in column 2			glumn 2	·	TOTAL	-	OR	TOTAL	1364	
CLAIMS AS AMENDED - PART II											OTHER		
Y		(Column 1)	(Column 2)			(Column 3)	_	SMAL	LENTITY	OR	SMALL		
AMENDMENT &		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 40	Minus	4	3	=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	••• (() ()			X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+135=		OR	+270=		
						•	_	TOTA		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										-		•	
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X40=		ОЯ	X80=		
	FINST PHESE	NTATION OF M	JUILLE DEL	PENDEN	CLAIN			+135=		OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2\	(Column 3)	A	JDDIT. FE	E	4	AUUII. FEE		
		CLAIMS	TRACTS	HIGH	EST		Г		ADDI-	1		ADDI-	
AMENDMENT &		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=		X40=		OR	X80=		
لـــا	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	TCLAIM			+135=	1				
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE OR ADDIT. FEE													
		ber Previously Pa					r four	nd in the	appropriate bo	x in coi	lumn 1.		